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I.D. TAG NO.

357

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: <u>Julius</u> Middle: <u>David</u> Last: <u>VAN DENABEELE</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 12, 1996</u>
4. SOCIAL SECURITY NUMBER <u>337-10-0825</u>		5a. AGE-Last Birthday (Years) <u>93</u>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>North Chicago, IL</u>
7. DATE OF BIRTH (Month, Day, Year) <u>December 29, 1902</u>				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	9d. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Salesman</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Sporting goods distrib.</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)
12. SPOUSE (If Married, Widowed) <u>Betty Jane</u>				
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN OR LOCATION <u>Chiloquin</u>	13d. STREET AND NUMBER <u>2324 Springwood Dr.</u> ✓	
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14b. ZIP CODE <u>97624</u>	14c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) <u>2</u>				
17. FATHER - NAME first middle last <u>Alphonse - VanDenabeele</u>		18. MOTHER - NAME first middle maiden <u>Lydia - Rich</u>		19. INFORMANT - NAME and relationship to deceased <u>Betty Jane VanDenabeele/wife</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (If Licensed) <u>3607</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</u>	
23. DATE FILED (Month, Day, Year) <u>JUL 17 1996</u>		24. REGISTRAR'S SIGNATURE <u>Evelyn Simonson</u>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <u>15:00</u> M <input type="checkbox"/> P <input checked="" type="checkbox"/> No	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH <u>15:00</u> M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>July 12, 1996</u> M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>C. Landtke</u>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>7/15/96</u>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>R. Rand Hale, MD 1000 Pine, Klamath Falls, OR 97601</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death
(a) <u>Sepsis Shock due to Klebsiella pneumoniae</u>		<u>3 days</u>
(b) <u>Pneumonitis</u>		Interval between onset and death <u>5 days</u>
(c) <u>Congestive heart failure, Diabetes</u>		Interval between onset and death
37. Did alcohol use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> P <input type="checkbox"/> No
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

JUL 17 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty Jane Van Denabeele the 26th day of July A.D., 19 96 at 2:17 o'clock PM., and duly recorded in Vol. M96 of Deeds on Page 22690.

Bernetha G Letsch, County Clerk

By [Signature]

FEE \$10.00